

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

**AMENDMENT** 

#### STATEMENT OF ECONOMIC INTERESTS

COVER PAGE AL

APR 1 8 2013

CITY OF REDWOOD CITY

Please type or print in ink.

NAME OF FILER

(LAST)

(month, day, year)

CIT(MIDDLE)RK

Alicia Carmen Aquirre 1. Office, Agency, or Court Agency Name City of Redwood City Division, Board, Department, District, if applicable Your Position Mayor City Council ▶ If filing for multiple positions, list below or on an attachment. 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County \_ County of \_\_\_\_ Other \_\_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2012, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_ December 31, 2012. (Check one) O The period covered is January 1, 2012, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2012. O The period covered is \_\_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_ the date of leaving office. Candidate: Election Year \_\_\_ and office sought, if different than Part 1: \_\_\_\_ 4. Schedule Summary ► Total number of pages including this cover page: \_ Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule herein and in any attached schedules is true and complete. Lacknowledge I certify under penalty of perjury under the laws of the State of 04/18/2013 Date Signed \_

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

RECEIVED

APR 18 2013

	•	You	must	mark	either	the	aift (	or	income	box.
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• Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
American Architectural Foundation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
Houston, TX	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Mayor's Institute	
DATE(S): 02 / 01 / 12 - 02 / 03 / 12 AMT: \$ 2,010.89	DATE(S):/
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
■ Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
NAME OF SOURCE (Not an Acronym)	Filer's Verification
The state of the s	Alicia C. Aquirro
ADDRESS (Business Address Acceptable)	Print Name Alicia C. Aguirre
, ,,	Office, Agency or Court City of Redwood City
CITY AND STATE	or Court Oily of recumoda City
	Statement Type 🗵 2012/2013 Annual 🗌 Assuming 🔲 Leaving
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	Annual Candidate
<del></del>	I have used all reasonable diligence in preparing this statement. I have
DATE(S):	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):// AMT: \$	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one)	California that the foregoing is true and correct.
The of the second conditions of the conditions o	Date Signed04/18/2013
Made a Speech/Participated in a Panel	Date Signed
Other - Provide Description	
	Filer's Signature
Comments: Added missing information.	
Comments:	

#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

F STATEMENTA OF ECONOMIC INTERESTS RECEIVED
COVER PAGE

AMENDMENT	2013 APR 22 AM	86216 DOCUMENT	APR 17 2013	
Please type or print in ink.			(MIDDLE)	
NAME OF FILER (LAST) Aguirre Auga		(FIRST) Carmon	CITY OF 傑的₩OOD CITY CITY CLERK	
1. Office, Agency, or Court		<b>-</b>		
Agency Name City of A	Redwood City			
Division, Board, Department, District, if	applicable /	Your Position		
City Counc	<u> </u>	Mayor		
► If filing for multiple positions, list belo	ow or on an attachment.	/		
Agency: Lity of Re	dood City	Position:		
2. Jurisdiction of Office (Check	at least one box)			
☐ State		☐ Judge or Court Commission	er (Statewide Jurisdiction)	
Multi-County		County of		
City of		Other		
3. Type of Statement (Check at le	neet one how			
Annual: The period covered is Jan December 31, 2012.		Leaving Office: Date Left (Check one)		
-or- The period covered is December 31, 2012.	/, throu	gh	January 1, 2012, through the date of	
Assuming Office: Date assumed		<ul> <li>The period covered is the date of leaving office</li> </ul>	ee. , through	
Candidate: Election Year	and office sou	ght, if different than Part 1:		
4. Schedule Summary			,,, )	
Check applicable schedules or "None	»." ► <i>I</i>	otal number of pages including	this cover page:	
Schedule A-1 - Investments - sche			Business Positions - schedule attached	
Schedule A-2 - Investments - sche		Schedule D - Income - Gifts - s		
Schedule B - Real Property - sche		Schedule E • Income – Gifts – T	ravei Payments – schedule attached	
	-or- None - No reportable i	interests on any schedule		
			·	
nerein and in any attached schedules is	true and complete. Tack			
I certify under penalty of perjury und	er the laws of the State c			
Date Signed / 17/13 (month, day, yea	ar)			

## RECEIVED

APR 17 2013

SCHEDULE ECITY OF REDWOOD CITY CLERK

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Travel Payments, Advances, and Reimbursements

- · You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Amelican Architectural Foundalion ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Houston, TX	CITY AND STATE
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 2 01 12 2 3 1 /2 AMT: \$ 2010. 89  (If gift)  TYPE OF PAYMENT: (must check one) [7] Gift	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one)   Gift   Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
NAME OF SOURCE (Not an Acronym)	Filer's Verification
ADDRESS (Business Address Acceptable)	Print Name
ADDITESS (business Audiess Acceptable)	Office, Agency
CITY AND STATE	
	Statement Type 2012/2013 Annual Assuming Leaving  Annual Candidate
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	(yr)
DATE(S): / / AMT·S	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
DATE(S):/ AMT: \$	I certify under penalty of perjury under the laws of the State of
TYPE OF PAYMENT: (must check one) Gift Income	California that the foregoing is true and correct.
Made a Speech/Participated in a Panel	Date Signed(month, day, year)
Other - Provide Description	Filer's Signature
Comments:	

#### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS RECEIVED APR 01 2013

Please type or print in ink.

NAME OF FILER

(LAST)

2012 APR -3 AMII: 56

CITY OF BEDWOOD OIT CITY CLERK

Aguirre	Alicia
1. Office, Agency, or Court	
Agency Name	
City of Redwood City	
Division, Board, Department, District, if applicable	Your Position
City Council	Mayor
▶ If filing for multiple positions, list below or on an attachment.	
Agency: CCAG, MTC	Position: Board Member, Commissioner
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
✓ Multi-County Nine Counties	☑ County of San Mateo
☑ City of Redwood City	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left/(Check one)
The period covered is/	through O The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed/	
Candidate: Election year and office	sought, if different than Part 1:
4. Schedule Summary	2
Check applicable schedules or "None."	► Total number of pages including this cover page: $\frac{2}{2}$
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	✓ Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached	☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	table interests on any schedule
Note in report	asic interests on any serication
nerein and in any attached schedules is true and complete. I ack	tr
I certify under penalty of perjury under the laws of the State	or and a second
Date Signed 03/30/2013	
(month. day, year)	

### SCHEDULE D Income - Gifts



Alicia C. Aguirre

ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE Hispanic Foundation of Silicon Valley  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10 _ 06 _ 12 _ 250.00		► NAME OF SOURCE (Not an Acronym)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Hispanic Foundation of Silicon Valley DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10 _ 06 _ 12 _ 250.00 Ticket		ADDRESS (Business Address Acceptable)
Hispanic Foundation of Silicon Valley  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10 _ 06 _ 12	, as since shadow has been been been been been been been bee	,
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10 , 06 , 12	ſ	BUSINESS ACTIVITY, IF ANY, OF SOURCE
10 , 06 , 12	Hispanic Foundation of Silicon Valley	
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
MAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	10 , 06 , 12	
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BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
J   \$	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$
BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
\$ \$	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
1 1		\$
		\$
Comments:	Comments:	